

215045401  
67464

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 071	Agency Case No. B5-103013	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/04/2015		TIME OF ACCIDENT	STATE USE ONLY	Amended  11/06/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0245	PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
B 59	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 26/Q-R		ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
				96.00	X	Q ST
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	NONE		STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	
V1/N 1	DRIVER	JULIO A LOPEZ		PHONE 5073501106	LOCAL NO.	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/16/1984	V1/1 19
G 2	OWNER	HERMES GOMEZ (09-15-1969)		PHONE 4024176093	LOCAL NO.	V1/2
H 5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO. LB483087	V1/3
V1/O 4	LICENSE PLATE PA NO.	TMK887	YEAR 2016	STATE (Of Plate) NE	ESTIMATED DAMAGE <input checked="" type="checkbox"/> TOALED \$	V1/4 19
V2/O 4	VEHICLE	2000	MAKE Honda	MODEL PEL	BODY STYLE Medium/large	COLOR silver / chrome
I 7	VEHICLE ID NO. (VIN)	4S6DM58W7Y4405873		INSURANCE COMPANY	ALLSTAR INSURANCE	
J 12	TOWED TO	101 CHARLESTON		TOWED BY	CAPITAL TOWING	
K 01	POLICY NO.	274592662				
VEHICLE NO. 2						
V1/P 8	DRIVER LICENSE NO.			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/P 8	DRIVER	LEGALLY PARKED UNOCCUPIED		PHONE	LOCAL NO.	V2/1 18
J 12	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		V2/2
V1/Q 1	OWNER	CONG BI (08-30-1988)		PHONE 4026170449	LOCAL NO.	V2/3
V2/Q 1	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> PENDING <input type="checkbox"/> NO	CITATION NO.	V2/4
K 01	LICENSE PLATE PA NO.	TGU506	YEAR 2016	STATE (Of Plate) NE	ESTIMATED DAMAGE <input checked="" type="checkbox"/> TOALED \$	V2/5 18
L 01	VEHICLE	2009	MAKE Ford	MODEL FSE	BODY STYLE 4 door Sedan	COLOR red
M 01	VEHICLE ID NO. (VIN)	1FAHP35N29W161888		INSURANCE COMPANY	PROGRESSIVE	
N 01	TOWED TO	101 CHARLESTON		TOWED BY	CAPITAL TOWING	
O 01	POLICY NO.	901436137				
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-103013**



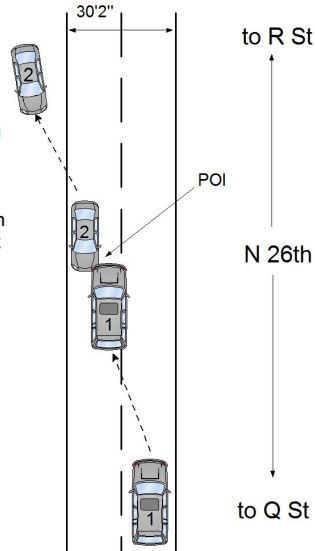
Indicate  
North  
by Arrow



*Not To Scale*

POI  
5'5" E of W curb of N 26th  
96'3" N of N curb of Q St

V2 Point Of Rest  
5'7" W of W curb of N 26th  
154'9" N of N curb of Q St



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Veh 1 was travelling NB on N 26th, Q-R, when it struck Veh 2 which was legally parked and unoccupied along the West curb of N 26th. Ofc discovered the accident and neither vehicle was occupied, so the exact time of the accident is unknown. The force of the collision caused Veh 2 to be moved approx 58 feet to the North from the point of impact. During the investigation, Julio Lopez was determined to be the driver of Veh 1. Julio stated he was travelling NB on 26th at approx. 30-35mph. He stated he had not been drinking alcohol but that he was tired and that he was having trouble seeing due to having pink eye. Julio stated he left the scene of the accident because he was scared. Julio was cited and released.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1	X				N 26TH				<div style="border: 1px solid black; padding: 2px;">1</div>		<div style="border: 1px solid black; padding: 2px;">2</div>		<div style="display: flex; justify-content: space-between;"> <div>VEH 1</div> <div>2</div> <div>VEH 2</div> <div>0</div> </div>		
2		X			N 26TH				<div style="border: 1px solid black; padding: 2px;">1</div>		<div style="border: 1px solid black; padding: 2px;">2</div>		<div style="display: flex; justify-content: space-between;"> <div>Driver No. 1</div> <div>Driver No. 2</div> <div>Pedestrian</div> </div>		
1	01				06 Turning left	POINT OF IMPACT	08	POINT OF IMPACT	08	<div style="border: 1px solid black; padding: 2px;">1 None used - vehicle occupant</div>		<div style="border: 1px solid black; padding: 2px;">2 Lap &amp; shoulder belt used</div>		<div style="border: 1px solid black; padding: 2px;">ALCOHOL TESTING</div>	
2	10				08 Entering traffic lane	MOST DAMAGED AREA	08	MOST DAMAGED AREA	08	<div style="border: 1px solid black; padding: 2px;">2 Lap &amp; shoulder belt used</div>		<div style="border: 1px solid black; padding: 2px;">3 Shoulder belt only used</div>		<div style="border: 1px solid black; padding: 2px;">ALCOHOL LEVEL TESTED</div>	
					01 Essentially straight ahead	00 None		02 03 04		<div style="border: 1px solid black; padding: 2px;">3 Lap belt only used</div>		<div style="border: 1px solid black; padding: 2px;">4 Lap belt only used</div>		<div style="border: 1px solid black; padding: 2px;">BAC LEVEL</div>	
					02 Backing	09 Top & windows		01 05		<div style="border: 1px solid black; padding: 2px;">5 Child safety seat used</div>		<div style="border: 1px solid black; padding: 2px;">6 Child booster seat used</div>		<div style="border: 1px solid black; padding: 2px;">ALCOHOL/ DRUGS SUSPECTED</div>	
					03 Changing lanes	10 Undercarriage		08 07 06		<div style="border: 1px solid black; padding: 2px;">7 DOT approved helmet used</div>		<div style="border: 1px solid black; padding: 2px;">8 Costume helmet used</div>		<div style="border: 1px solid black; padding: 2px;">Driver No. 1</div>	
					04 Overtaking/ Passing	11 Total (all areas)				<div style="border: 1px solid black; padding: 2px;">9 Restraint use unknown</div>		<div style="border: 1px solid black; padding: 2px;">VEHICLE 2</div>		<div style="border: 1px solid black; padding: 2px;">Driver No. 2</div>	
					05 Turning right	12 Other								<div style="border: 1px solid black; padding: 2px;">5 Unknown</div>	
					06 Leaving traffic lane									<div style="border: 1px solid black; padding: 2px;">1 Neither alcohol nor drugs suspected</div>	
					07 Making U-turn									<div style="border: 1px solid black; padding: 2px;">2 Yes - alcohol suspected</div>	
					08 Entering traffic lane									<div style="border: 1px solid black; padding: 2px;">3 Yes - drugs suspected</div>	
					09 Leaving traffic lane									<div style="border: 1px solid black; padding: 2px;">4 Yes - alcohol &amp; drugs suspected</div>	
					10 Parked									<div style="border: 1px solid black; padding: 2px;">5 Unknown</div>	
					11 Slowing or stopped in traffic									<div style="border: 1px solid black; padding: 2px;">Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</div>	
					12 Other									<div style="border: 1px solid black; padding: 2px;">DATE OF REPORT</div>	
					13 Unknown									<div style="border: 1px solid black; padding: 2px;">11/06/2015</div>	

OFFICER NO. <b>1648</b>	TROOP/ TEAM/ BEAT <b>NW</b>	DEPARTMENT <b>Lincoln Police Department</b>	INVESTIGATOR SIGNATURE <b>Approved by Paul Luce</b>
INVESTIGATOR NAME (Print or Type) <b>Paul Luce</b>		DATE OF REPORT <b>11/06/2015</b>	